



**FY21**

# **PSAP GRANT PROGRAM PSAP EDUCATION PROGRAM APPLICATION**



VIRGINIA INFORMATION  
TECHNOLOGIES AGENCY  
Integrated Services Division



# FY21 PSAP GRANT PROGRAM PSAP EDUCATION PROGRAM (PEP) APPLICATION

## HOW TO APPLY/DEADLINE

A copy of the [PEP grant application](#) is available from VITA's ISP website. Completed grant applications should be sent to the [psapgrants@vita.virginia.gov](mailto:psapgrants@vita.virginia.gov) electronic mailbox, along with any supporting documentation. Upon submission, an email receipt notification will be sent to the email address listed on the application received. After the close of the PEP application cycle, a Grant ID will be assigned and sent to the email address listed on the application received.

All funding requests **must** be submitted using the PEP grant application. **The FY21 PEP application cycle begins on July 1, 2019 and ends on September 30, 2019 at 5:00 pm. The NG9-1-1 submission deadlines do not apply to the PEP.** Technical assistance is available from VITA's Public Safety Communications and Regional Outreach staff throughout the grant process.

**ALL SECTIONS MUST BE COMPLETED IN ITS ENTIRETY OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND NOT ACCEPTED FOR CONSIDERATION.**



# FY21 PEP GRANT APPLICATION

## GRANT APPLICANT PROFILE/PROJECT CONTACT

☒ INDIVIDUAL PEP GRANT                      ☐ MULTI-JURISDICTIONAL PEP GRANT

PSAP/HOST PSAP NAME: Martinsville-Henry County 911 Center  
 CONTACT TITLE: Director  
 CONTACT FIRST NAME: JR  
 CONTACT LAST NAME: Powell  
 ADDRESS 1: 3300 Kings Mountain Rd  
 ADDRESS 2: P.O. Box 7  
 CITY: Collinsville, VA  
 ZIP CODE: 24078  
 CONTACT EMAIL: vpowell@co.henry.va.us  
 CONTACT PHONE NUMBER: 276-632-7677  
 CONTACT MOBILE NUMBER: 276-732-9543  
 CONTACT FAX NUMBER: 276-638-1394  
 REGIONAL COORDINATOR: Melissa Parsons

## FINANCIAL DATA

AMOUNT REQUESTED: \$ \$3,000.00  
 (NOTE: The amount requested should be a reasonable estimate of total training expenses including hotel registration, conference registration, online training registration, certification, and/or per diem (if applicable) for all anticipated participating personnel.)

## HOST PSAP AND PARTICIPATING PSAPS (if a multi-jurisdictional PEP application)

<b>Martinsville-Henry County 911 Center</b>	_____
_____	_____
_____	_____
_____	_____



## STATE PROFESSIONAL ORGANIZATION CONFERENCES

**If the primary purpose of this PEP application is to send PSAP and or GIS personnel to one or more of the annual state professional organization conferences (such as those sponsored by Virginia APCO, Virginia NENA, or Virginia GIS), please complete the following:**

☒ Virginia GIS Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: 1

NUMBER OF DAYS ATTENDING: 2

☒ Virginia APCO Fall Conference/Winter Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: 9

NUMBER OF DAYS ATTENDING: 2

☒ Virginia NENA Spring Conference

ESTIMATED NUMBER OF PERSONNEL ATTENDING: 2

NUMBER OF DAYS ATTENDING: 3

☒ **By checking this box, the applicant acknowledges that the education/training is specific to 9-1-1 and/or GIS and it will benefit the employees and/or PSAP by using the funds to take advantage of opportunities to foster and enhance consistent knowledge and awareness of current and advancing 9-1-1 and GIS public safety communications standards, issues, procedures, practices, technologies and other relevant matters.**



## OTHER EDUCATIONAL/TRAINING OPPORTUNITIES

If this application includes educational/training opportunities other than the annual state professional organization conferences, or is a multi-jurisdictional PEP application, please complete the following. (NOTE: Additional pages may be submitted for multiple training opportunities other than the annual state professional organization conferences.)

☐ **EDUCATION/TRAINING TITLE/EVENT:** Click here to enter text

**DATES:** Click here to enter text

**LOCATION:** Click here to enter text

**ESTIMATED NUMBER OF PERSONNEL ATTENDING:**

**TOTAL ESTIMATED BUDGET OF TRAINING/EVENT:**

**PER DIEM REQUESTED (allowable meals only):**

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☐ **ONLINE TRAINING OPPORTUNITIES**

☐ **SUBSCRIPTION BASED TRAINING OPPORTUNITIES**

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## COMPREHENSIVE PROJECT DESCRIPTION

**Describe how the education/training is 9-1-1 and/or GIS specific and how it will benefit the employees and/or PSAP.**

Click here to enter text

## EVALUATION

**Describe the evaluation process to determine if participation in this 9-1-1/GIS education/training benefited the employees and/or PSAP.**

Click here to enter text